

2341

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

File No. 4708

1. Place of Death: (a) County Yuma, City or Town Yuma, (c) Location 6th & 12th Ave
(d) Length of Stay: In Hospital or Institution none, In Community life, In Arizona life
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona, County Yuma, (c) City or Town Yuma
(d) Street No. Box 981, 6th St. & 12th Ave., (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Maria Anna Aguirre, If veteran no, Social Security No. ---

4. Sex Female, 5. Race White, 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife ---, 6. (c) Age of husband or wife, if alive --- yrs.

7. Birthdate of deceased July 26 1947
8. AGE: Years 1, Months ---, Days ---, If less than one day --- hrs. --- min.

9. Birthplace Yuma, Arizona, (City, town or county) Yuma, (State or Country) Arizona

10. Usual Occupation child

11. Industry or Business ---

12. Name Alberto Aguirre, 13. Birthplace Mexico, (City, town or county) ---, (State or Country) ---

14. Maiden Name Frances Martinez, 15. Birthplace Yuma, Arizona, (City, town or county) Yuma, (State or Country) Arizona

16. (a) Informant's own signature Alberto Aguirre, (b) Address PO Box 981 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial, (b) Place Yuma Cemetery, Date 8/28 1948

18. (a) Embalmer's Signature DePalmer, (b) Funeral Director The Johnson Mortuary, (c) Address Box 310 Yuma, Arizona

19. (a) ---, (b) ---

20. (a) ---, (b) ---

21. (a) ---, (b) ---

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 26 1948, TIME (Hour and minute) 6:55 P. M.

21. I hereby certify that I attended the deceased from on 23 Aug., 1948 to only 2 pm, 1948.

that I last saw him alive on 23 Aug. 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Underdetermined

child seen in office with diarrhea - never notified about condition

apparently died of sudden

Other conditions gastroenteritis seen

Major findings: ---

Of operations: ---

If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? ---

(d) ---

(e) Means of injury ---

23. Signature James Volpe, Jr., M. D., Address 439 E. 1st Ave. Yuma, Ariz.

DURATION one week

PHYSICIAN Underline the cause to which death should be charged statistically